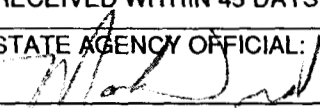
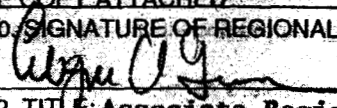


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 0 1 0 3 4	2. STATE: GEORGIA
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE October 1, 2001	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1915(g) of the Act.	7. FEDERAL BUDGET IMPACT: a. FFY '02 \$ 30,838 b. FFY '03 \$ 37,193		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 rto Attachment 3.1-A pages 1-4 (Part BBBB)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New		
10. SUBJECT OF AMENDMENT: TARGETED CASE MANAGEMENT FOR CHILDREN AT RISK CRAWFORD COUNTY			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department of Community Health Division of Medical Assistance 2 Peachtree Street, N.W. Atlanta, Georgia 30303-3159		
13. TYPED NAME: Mark Trail	17. DATE RECEIVED: December 28, 2001		
14. TITLE: Acting Director, Division of Medical Assistance	18. DATE APPROVED: January 28, 2002		
15. DATE SUBMITTED: December 28, 2001	PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2001		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Eugene A. Grasser		22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Georgia
CHILDREN AT-RISK CASE MANAGEMENT SERVICES

A. Target Group:

Medicaid eligible children, ages 0-21, who are "at-risk" of not completing a secondary education program because they exhibit one or more of the following characteristics:

1. Developmental screen indicates the child is not meeting developmental milestones.
2. No Health Check initial screen, no periodic screening or inadequate health care.
3. Few friends or school alienation.
4. Little or no extracurricular involvement.
5. Frequent disciplinary referrals.
6. Dysfunctional home situation.
7. Mental health diagnosis but not eligible for special education.
8. Single parent family.
9. One or more grade retentions.
10. Born to teenage parent(s).
11. Born to a parent who has not completed High School.
12. Five or more unexcused absences in any one twenty (20) day attendance period.
13. Limited English proficiency.
14. One or more years below grade placement in reading or math.
15. Free or reduced price lunch.
16. Lack of appropriate physical necessities (clothing, proper hygiene, etc.)
17. Residing in home situation with guardian or caretaker other than natural parent(s).
18. History of substance abuse, Juvenile Court involvement, or at risk for sexually transmitted disease.
19. Low achievement test scores (35th percentile and below on Iowa Test of Basic Skills (ITBS) or Test of Achievement and Proficiency (TAP), low grades (failing two or more academic subjects in a grading period), or repeated two or more grades.
20. History of exposure to direct or indirect violence.
21. History of sexual or physical abuse or neglect.

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B. Areas of State in which services will be provided:

☐ Entire State

☒ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide): Crawford County

C. Comparability of Services:

☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to requirements of Section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Children at-risk case management services is a set of interrelated activities for identifying, coordinating and reviewing the delivery of appropriate services for eligible at-risk children.

The purpose of case management services is to assist those targeted at-risk children in gaining access to needed medical, nutritional, social, educational, transportation, housing and other services; and to encourage the use of various community resources through referral to appropriate providers.

Case Management services will provide necessary coordination with providers of health, family support, employment, justice, housing, counseling, nutrition, social, educational, transportation and other services when needed.

The set of interrelated activities are as follows:

1. Establishing the comprehensive case file for development and implementation of an individualized service plan to meet the assessed service needs of the eligible child. Establishing priorities for initial linkages with providers. This unit of service may be billed only once for each recipient.
2. Assistance to the eligible child in locating needed service providers and making the necessary linkages to assure the receipt of services identified in the service plan.

3. Monitoring and follow-up with the eligible child and service providers to determine that the services received are adequate in meeting the child's assessed needs. Case management follow-up services are limited to 12 visits annually.
4. Reassessment of eligible children to determine the services needed to resolve any crisis situation resulting from divorce, death separation, family structure changes, changes in living conditions, or other events.

E. Qualification of Providers:

1. Provider Qualifications

Enrollment will be accomplished in accordance with Section 1902(a)(23) of the Act. Enrollment is open to all providers who can meet the following requirements:

- a. Must have the capacity to provide the full range of at-risk case management services.
- b. Must meet the applicable state and federal laws governing the participation of providers in the
 - a. Medicaid program.
- c. Must have demonstrated direct experience in the coordination of educational support services (Health Check, Social Services, Counseling Services, Psychological Services, Student Assistance, Special Education, and Nutritional Services).
- d. Must have demonstrated the ability to obtain collaboration between public and private services providers.
- e. In order to avoid duplication of services and to promote effective community level networking, case management providers must have signed a collaborative agreement with the Crawford County Health Department, Crawford County Department of Family and Children Services, Crawford County Public Schools and or city schools, Crawford County Commissioners, City of Roberta, Crawford County Juvenile Court, Crawford County Division of Youth Services.

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- f. Case Management Supervisor must hold a Bachelors Degree and have experience in the human service field: i.e. public and social services, counseling, and have experience working with at-risk children and their families.
 - g. Case Managers must have a high school diploma or equivalent and a demonstrated ability to work effectively with at-risk children and their families.
 - h. Case Managers must complete a pre-service training program and a Family Connection designed and supervised practice experience.
- F. The State assures that the provision of case management services will not restrict and individuals free choice of providers in violations of Section 1902(a)(23) of the Act.
- 1. Eligible recipients will have free choice of the providers of case management services
 - 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for their same purpose. Reimbursement methodology is found in Attachment 4.19-B, pages 5d and 5e.

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